



New Vendor Information Form

- | | | |
|---|---|---|
| <input type="checkbox"/> TOTE Maritime Alaska, Inc. | <input type="checkbox"/> TOTE Maritime Puerto Rico, LLC | <input type="checkbox"/> TOTE Services, LLC |
| <input type="checkbox"/> TOTE Resources, Inc. | <input type="checkbox"/> TOTE Maritime Agency (USVI), Inc. | <input type="checkbox"/> TOTE Equipment, Inc. |
| <input type="checkbox"/> PUERTO RICO Terminals, LLC | <input type="checkbox"/> TOTE Shipholdings, LLC dba TOTE Maritime Agency Puerto Rico | <input type="checkbox"/> TOTE, Inc. |

VENDOR/PAYEE NAME

Business Name (DBA): _____ Date: _____
 W9/W8 Name: _____
Note: This form must accompany a W-9 or W-8 Form to proceed with Vendor Set Up and Disbursements
 TIN #: _____ DUNS # _____ CAGE #: _____

PRIMARY ADDRESS

Street or PO Box: _____
 City: _____ Province/State: _____ Country: _____ Mail Code: _____

REMIT TO ADDRESS

Street or PO Box: _____
 City: _____ Province/State: _____ Country: _____ Mail Code: _____

CONTACT INFORMATION

Primary Contact Name: _____ Phone: _____
 Email Address: _____ Fax: _____

BUSINESS CLASSIFICATION (As per Federal SBA Guidelines - SBA.gov)

- | | | |
|---|--|---|
| <input type="checkbox"/> - Large Business | <input type="checkbox"/> - Foreign | <input type="checkbox"/> - Asian Pacific American |
| <input type="checkbox"/> - Small Business | <input type="checkbox"/> - Non Profit | <input type="checkbox"/> - Black American |
| <input type="checkbox"/> - Small Disadvantaged Business | <input type="checkbox"/> - HUBZone | <input type="checkbox"/> - Hispanic American |
| <input type="checkbox"/> - Veteran Owned Business | <input type="checkbox"/> - Women Owned Business | <input type="checkbox"/> - Native American |
| <input type="checkbox"/> - Service Disabled Veteran Owned | <input type="checkbox"/> - Minority Owned Business (Specify) | <input type="checkbox"/> - Asian Indian American |

VENDOR REPORTING REQUIREMENTS

1099 MISC. reporting required? Yes No Unique Entity ID (UEI) issued by US Govt: _____

TYPE OF SERVICE PROVIDED BY THIS BUSINESS

PAYMENT INFORMATION

Voided check copy must be submitted for direct deposit via ACH
 Payment Terms: Unless otherwise noted, Standard Payment Terms are Net 30.

SIGNATURE INFORMATION - The information provided in this form is true and correct.

Authorized Vendor Print Name / Title: _____
 Authorized Vendor Signature: _____ Date: _____

For questions please contact Accounts Payable at: AccountsPayable@toterresources.com

FOR INTERNAL USE - TO BE COMPLETED BY PURCHASER

Vendor Crew Member
 Purchaser Name - Print: _____ Date: _____
 Management Approval: _____ Date: _____

FOR INTERNAL USE - TO BE COMPLETED BY AP

W-9/W-8? TIN match? Code of Ethics?